



for Southwest New Hampshire
(RCC Regions 5 and 6)

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SWRPC

Southwest Region Planning Commission
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The Planning Commission acknowledges the substantial contribution of time and energy volunteered by members from the following organizations for the development of the Coordinated Community Transportation Plan (the Coordinated Plan):

- American Red Cross – NH West Chapter
- Cheshire Medical Center
- Frankestown Neighbors
- Grapevine Community Resource Center
- Home Healthcare, Hospice and Community Services (HCS)
- University of New Hampshire Institute on Disability
- Keene Housing Authority
- Monadnock Development Services (MDS)
- Monadnock Community Hospital
- Monadnock United Way
- Senior Focus/Monadnock Adult Care Center (MFS)
- Southwestern Community Services, Inc.
- Under One Roof Project
- Working Futures
- Wyman-Way Cooperative

The contents of this Coordinated Plan were developed through a collaborative planning process described within. The data and views reflect the consensus reached by those participating in this planning process. The contents herein do not necessarily reflect the official views of the New Hampshire Department of Transportation or the Federal Highway Administration.

The Southwest Region Planning Commission has made a good faith effort to provide the best available information within this Coordinated Plan, and has relied upon federal guidance as posted in the Federal Register and the plans for statewide coordination efforts as laid out by the State of New Hampshire as of the publication date.

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I. Introduction

The need to provide transportation services to people who do not have access to reliable transportation options, due to age, disability, income or other reasons, has been identified as a problem in Southwest New Hampshire for many years. Various studies and plans have been formulated during this period, by both government and non-profit groups, with limited results due to complex funding streams and the overall disparity of services provided. Recently, a federal mandate attached to funding legislation has made coordination of federally funded transportation services obligatory. This has provided the impetus for concrete steps towards coordinating transportation efforts with the goal of increasing efficiency, capacity, and service. The issue of providing transportation services to those who need it the most will continue to be an imperative in the future, as demographic shifts increase demand at a time of stagnant funding and limited resources.

Human Services Transportation Providers (herein referred to as **Transportation Providers**) are organizations that provide specialized transportation services to a select group of people based on criteria, usually elderly or disabled. These are **demand response** services, meaning they do not run on a pre-defined schedule or route, but instead provide door to door service using small vans or cars. Clients of Transportation Providers are typically required to request a ride 24 hours in advance. The services are provided either free of charge or through reimbursements from federal and state programs. Demand response transportation services are commonly provided through funding such as Medicaid or FTA funds that are specifically designed to target selected groups. As a result, only certain clients of the Transportation Provider can be transported in their vehicles, leading to inefficiencies due to the compartmentalization of services.

Public transit is the type of service most people are accustomed to. This service is provided on a fixed route with a fixed schedule. Anybody can ride Public Transit for a small fee, including people with disabilities or the elderly. **Paratransit** service, sometimes referred to as complementary paratransit service, is mandated under the Americans with Disabilities Act (ADA) for all public transit systems. Paratransit service must be provided within $\frac{3}{4}$ of a mile of existing public transit routes for people with disabilities. Paratransit is a door to bus stop or door to door service provided for a small fare. **Community Transportation** is a term used to describe a transit/demand response hybrid system which serves lower density rural areas with trips to shopping, jobs, recreational, and community activities. These services tend to be provided by a town or local group using a shuttle van and are generally not reimbursed by the state funding sources.

In the Region there are over 180 Human Services Providers and Community Groups (herein referred to as **Service Groups**) who interface daily with the same client base that depends on transportation services. These Service Groups offer vocational, educational, housing, rehabilitation, health, medical, activities and other support to the same target populations that depend on transportation services due to physical or mental disabilities, low income or age. Access to these services and all the resources and opportunities of in the Region by the target populations is a major challenge. While some Service Groups do provide limited transportation to their clients on an as-needed basis, most depend on Transportation Providers. The involvement of Service Groups in this planning process and in the coordination process is therefore crucial, since they are often the destination for trips provided and they have a close and ongoing relationship with the target population.

Coordination of Transportation Providers and public transit/paratransit in the Southwest Region has already been initiated given that the only public transit service is operated and managed by Home Healthcare, Hospice and Community Services (HCS). HCS's main role is as a Human Services Provider; however, they do operate a public transit service (the City Express), a paratransit service (the ParaExpress), and a demand response service (the Friendly Bus) in the City of Keene and northern part of the Town of Swanzey. In addition to HCS, there are three other Transportation Providers who operate daily demand response service in the Region: the American Red Cross, Monadnock Developmental Services (MDS), and Monadnock Family Services (MFS). There are also a myriad of for-profit transportation companies, church vans, vehicles at retirement homes, municipal recreation vans, and other providers of transportation services in the Region.

All of these Transportation Providers have been successful at providing services to those who need it, and the Region is the better for it. However, it is evident that a lack of service capacity exists in the Region, and that lack of capacity is an impediment to the members of our community.

Coordination in the Region, therefore, is an effort between and among Transportation Providers and Service Groups at three distinct levels:

1. Transportation Providers must coordinate and cooperate with each other in order to increase the efficiency, cost-effectiveness, quality and capacity of service delivery.
2. The transportation needs of the target population must be assessed. Service Groups must participate in this effort due to their access to and relationships with these populations.
3. Transportation Providers and Service Groups must work in conjunction to address transportation service gaps by developing new transportation services and expanding existing ones. Additionally, Service Groups should adjust service delivery to accommodate their clients' transportation needs.

A new organizational structure will need to be created pursuant to New Hampshire policies, and expanded/alternative sources of funds should be explored. The resulting coordinated transportation system will, hopefully, provide the extra capacity needed to serve the Region's needs.

II. Coordination Efforts

While it is difficult to identify and credit all of the efforts that various organizations and individuals have made towards coordinating transportation services, it is by no means the case that their omission in this document is in any way meant as an affront to their efforts. Without the hard work and dedication of this multitude of efforts, there would be little transportation to coordinate. The complexity of this issue cannot be understated. All the hard work and dedication from the past will have to be continued into the future in order to succeed. The longevity of this process should not be seen as a failure, but instead as a resolute admission of the importance of the endeavor.

The Long Road to Coordination

The first comprehensive effort to coordinate transportation services started at the state level in 1994, with the formation of a coordinating committee to review the problems and research possible solutions. As a result of these meetings, a proposal entitled *Coordination of Human Services Transportation* outlining a strategy and work plan was published. The careful thought and thorough research undertaken in the preparation of this document have led to insights, problem identification, and proposed solutions that are still relevant today.

Following this proposed work plan, the Office of State Planning (OSP), now known as the Office of Energy and Planning (OEP), undertook a *Statewide Transit Coordination Study* in 1995. A Transit Planning Advisory Committee (T-PAC) was created and the efforts of this group culminated in the creation of a work plan. The plan called for the formation of a Statewide Coordinating Council (SCC) and Regional Coordinating Councils (RCCs) to review and coordinate transit needs. A Regional Coordinator would then be chosen through an RFP process to provide the transportation services needed. This plan was not implemented.

From 1999 to 2004, the Southwest Region Planning Commission (SWRPC) undertook a planning study under contract with NH DOT to support the design of transit service expansion in and around Keene. The long term purposes of the study were to 1) enhance mobility of those without reliable access to personal transportation, 2) recruit riders from the area's single-occupancy-vehicle trips, and 3) build a Keene-based transit system that can serve as a hub for future regional service. The study involved a literature review of and investigations into the operations of small urban and rural systems elsewhere. Surveys of area employees and employers regarding trip characteristics of employees, research of service area household demographics, and discussions with business and community leaders were completed as part of the investigations. The following documents were the results of these investigations:

- City Express Service Expansion (1999)
- City Express Cost Benefit Analysis (2001)
- Transit Management Models (2001)
- Southwest Region Rural Transit Planning – City of Keene Transportation Center Evaluation (2002)
- Southwest Region Rural Transit Planning – A Survey Of Transit Management Structure And Practices (2002)
- Greater Keene Transit Advisory Committee Report (2003)
- Prospectus for Public Transportation in Keene and the Southwest Region (2004)

While all of these efforts were worthy of accolades for their vision and effort, the impetus for change did not exist. The knowledge that coordinating and improving transportation services would benefit a special needs population was not sufficient to overcome the institutional inertia and funding complexities.

The Federal Mandate

On February 24, 2004 President George W. Bush issued a presidential order establishing an Interagency Coordinating Council on Access and Mobility (CCAM) for the purposes of synthesizing the transportation programs administered by 12 federal departments and agencies into a ‘responsive, comprehensive, coordinated community transportation system.’¹ These disparate transportation resources, having evolved independently of each other, under the jurisdiction of departments and agencies with vastly differing missions, are often difficult for the public to utilize and for agencies to administer; creating a system that is inefficient due to inconsistent program guidelines.

The CCAM implemented the executive order by creating an action plan. This action plan led to the ‘United We Ride’ program, which provides the outreach effort by disseminating information and materials to be used by the community service providers in creating the coordinated community transportation system.²

“Federally assisted community transportation services should be seamless, comprehensive, and accessible to those who rely on them for their lives and livelihoods.”

--President Bush

The CCAM also concluded that in order for the system to be truly integrated, the regulations by which these programs are administered, financed and planned would have to be updated. What followed were a series of cascading implementation efforts from the federal administration down to the local service providers.

The main vehicle for change was the passage of the Safe, Accountable, Flexible, Efficient Transportation Equity Act – a Legacy for Users (SAFETEA-LU) legislation, which authorizes transportation funding for the Federal Fiscal Years (FFY) 2005 to 2009. This legislation amends three federal programs that provide funding to states for capital projects to assist in meeting the transportation needs of older adults and persons with disabilities (§ 5310, § 5316, and § 5317) to include the following provision:

“(2) PLANNING COORDINATION.—Recipients of funds made available consistent with this subsection shall certify that—

(A) the projects selected were derived from a locally developed, coordinated public transit-human services transportation plan; and

(B) the plan was developed through a process that included representatives of public, private, and nonprofit transportation and human services providers and participation by the public.”³

¹ See Appendix A

² www.unitedweride.gov

³ SAFETEA-LU Section 3012, amending 49 USC Section 5310, p. 450.

Table 1 – Federal/State Programs Providing Transportation Funding⁴

<u>Agency</u>	<u>Program</u>
DHHS	<ul style="list-style-type: none"> ✓ Grants for Home and Community Supportive Services (Title III-B) ✓ Federal Mental Health Block Grants ○ Head Start ✓ Medicaid (Title XIX) ○ Temporary Assistance for Needy Families (TANIF)
DOT (FTA)	<ul style="list-style-type: none"> ✓ Capital Investment Grants (§ 5309) ○ Urbanized Area Formula Program (§ 5307) ✓ Non-Urbanized Area Formula Program (§ 5311) ✓ Elderly Individuals and Individuals w/Disabilities (§ 5310) ○ Job Access and Reverse Commute (JARC) (§ 5316) ○ New Freedoms Program (§ 5317)
DOL	<ul style="list-style-type: none"> ○ Senior Community Services Employment Program ○ Workforce Investment Act Adult Services Program ○ Workforce Investment Act Dislocated Worker Program ○ Workforce Investment Act Youth Activities
DOE	<ul style="list-style-type: none"> ○ Vocational Rehabilitation Grants

✓ Program currently being used by inventoried Transportation Providers in the Region

The US Department of Transportation (US DOT) Federal Transit Administration (FTA) provides funding through the NH DOT to local Transportation Providers for the purchase of vehicles (§ 5309), for their operation (§ 5317) or both (§ 5310, 5311, 5316). While NH DOT is the largest funder for transportation capital and operations costs, the NH Department of Health and Human Services (DHHS) is the largest purchaser of transportation services.

DHHS purchases services with funding from the following areas:

- Medicaid (Title XIX of the Social Security Act) is the medical assistance program, jointly funded by states, for low income and disabled individuals and families. This program pays for medical care, prescriptions, tests and nursing home care for eligible individuals. Transportation to access these services is often lacking, therefore, states are required to provide non-emergency medical transportation (NEMT) to approved health services. Each state is responsible for designing and operating its own NEMT.⁵
- Federal Mental Health Block Grants are used by the NH DHHS Bureau of Developmental Services (BDS) to purchase transportation services for developmentally disabled people through its network of ten regional services providers.
- The US Administration on Aging (AoA) provides Title III funding to States to foster a comprehensive and coordinated system of supportive services for individuals age 60 and over. These services include transportation.

These federal funding streams are imbedded with complex and sophisticated granting, reporting, and invoicing requirements. In addition to the federal/state reporting, Transportation Providers also make financial reports for their local funders and for internal purposes. While a full description of the accounting procedures is beyond the scope of this report, it is important to understand that financial reporting and reimbursement is one of the major areas in which changes to the process can result in better efficiency. This reporting is best addressed in the State of New Hampshire's coordination framework.

⁴ Policy Resource Center, Institute for Health, Law and Ethics p.3

⁵ <http://www.ctaa.org/ntrc/medical/medicaid.asp>

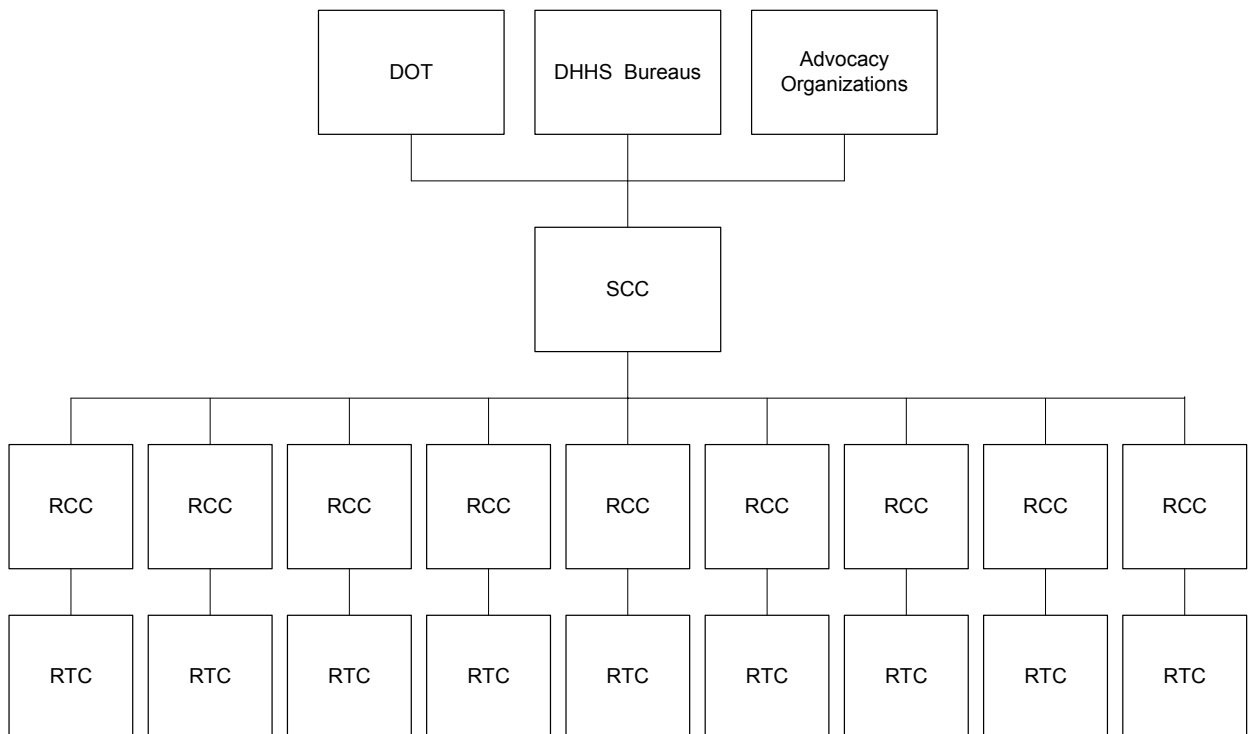
III. New Hampshire's Coordination Framework

New Hampshire set up the Governor's Taskforce on Community Transportation to make recommendations on how to implement the federal mandate. The Taskforce included the NH Department of Transportation (DOT) and the NH Department of Health and Humans Services (DHHS), as well as other advocacy groups (such as the Easter Seals). Their recommendations were released in November 2006 as the *Statewide Coordination of Community Transportation Services* plan.

This plan closely resembles the *Statewide Transit Coordination Study* outline (see page 3), and recommends setting up "bi-level oversight and institutional framework." In this model DHHS, DOT, and other advocacy groups would form a permanent Statewide Coordinating Council (SCC) whose role would be to set coordinating policy, assist regional efforts, and monitor results statewide. No funding or contracting would occur through the SCC.⁶

At the regional level, Regional Coordinating Councils (RCCs) would be set up as tentatively shown in Figure 1a. The roles of these RCCs would be to implement the Coordination Plan, adopt policies to such effect, to interact with the SCC, and most importantly to select, guide, assist, and monitor a Regional Transportation Coordinator (RTC). It is also expected that the RCC would maintain and update the Coordinated Plan as needed. No funding or contracting would occur through the RCC.

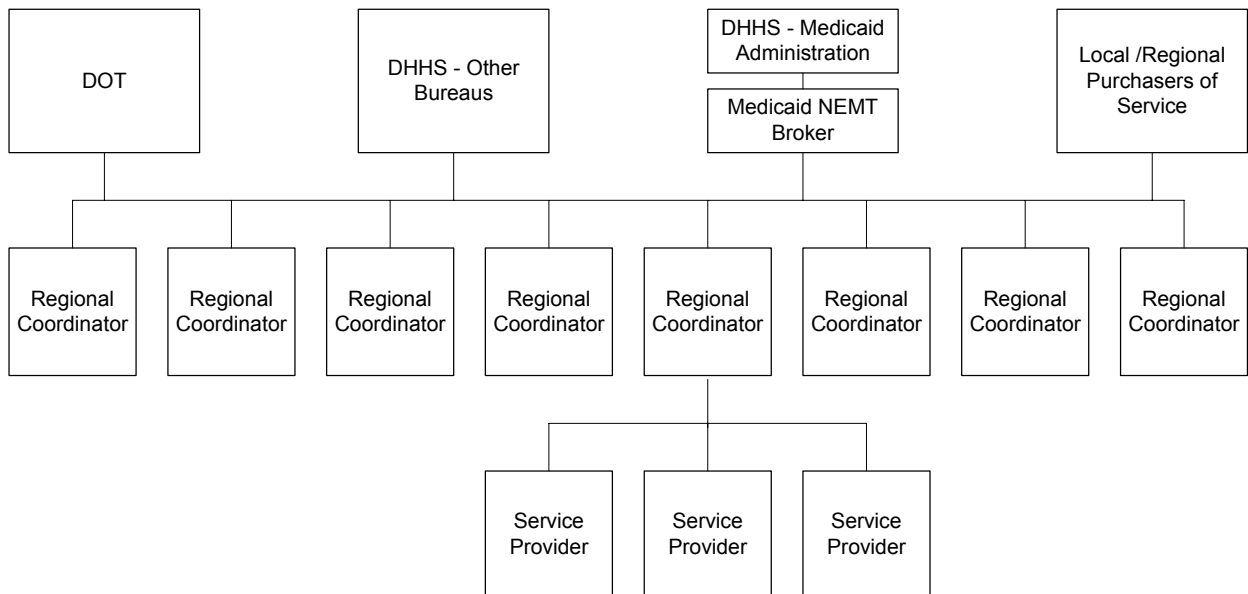
**Figure 1a:
Oversight Structure**



Source: Task 2 Technical Memorandum, Nelson/Nygaard

⁶ Statewide Coordination of Community Transportation Services, p.2-1.

**Figure 1b:
Contractual / Operational Relationships**



Source: Task 2 Technical Memorandum, Nelson/Nygaard

The RTC would work with the RCC to develop services for the region, ensuring the most effective service is delivered by coordinating all trips in the region. In addition to this coordination, the Regional Coordinator (RTC) would function independent of the RCC and SCC, as shown above in Figure 1b, to streamline the reporting and invoicing requirements of funding agencies. The RTC could be a Transportation Provider, a Service Group, or a private transportation firm.⁷ At the time of publication, there are still many unanswered questions regarding the state requirements; however, it seems feasible that each region will have leverage in setting up a system that is suited to their needs.

Streamlining Reporting and Invoicing

Primarily, the RTC framework is meant to streamline the reporting and invoicing system. Transportation Providers are required to report operating expenses, ridership statistics, vehicle characteristics, and service statistics on a regular basis to their respective funding sources. The RTC, in theory, would contract directly with the state funding agencies and other purchasers of transportation services and function as the Medicaid non-emergency medical transportation (NEMT) broker, providing a clearinghouse for billing to the State NEMT broker.

The RTC would use a sophisticated computer software package to collect, analyze, synthesize and report costs from the Transportation Providers to the state funding agencies, as well as the 'Local/Regional Purchasers of Services' who are the local funders, such as the United Way. The RTC would also be responsible for distributing funds directly to the Service Providers for trips provided. This approach would allow any Transportation Provider to carry clients regardless of their eligibility status. It would also open up the system to Service Groups which would not otherwise provide the service due to a lack of billing and invoicing infrastructure.

⁷ Statewide Coordination of Community Transportation Services, p. 1-2

Streamlining Service Delivery

An RTC would also function as a call center/dispatch for all trips in the region and as a broker for these trips – assigning them to Transportation Providers that are able to fulfill the request at the lowest cost. This central dispatch would allow for reductions in duplicated trips since the RTC could group trips having the same general origin and destination into one vehicle from a single agency. Such shared trips could hypothetically have cost savings benefits, since funding agencies are charged for the vehicle trip, not passenger trips. This system would allow more clients to be served with the existing level of funds.

Implementing the State's Coordination Framework

Implementation of the system described in the *Statewide Coordination of Community Transportation Services Plan* and summarized above would require state legislation or an executive order for coordination to take place.⁸ Implementation would then proceed in four stages:

- I. Establishing the SCC,
- II. Establishing the RCCs,
- III. Obtain funding for pilot projects, and
- IV. Implementing pilot projects.

The SCC would be established at the state level and would most likely mirror the makeup of the Governor's Task Force on Community Transportation (see page 6). The SCC would then convene regional coordination summits. These summits would bring together stakeholders, some of whom would form the RCC. These selected stakeholders would in turn enter into a Memorandum Of Understanding (MOU) and establish bylaws for the RCC. The RCC would then evaluate the needs of the region and choose an RTC. The State foresees providing initial funding of about \$100,000 for each region over a two year period during the initial establishment of the RCC/RTC structure. The nine RCC regions would be funded over a four year period, with three regions being initiated per year, over the first three years.⁹

The Role of Southwest Region Planning Commission

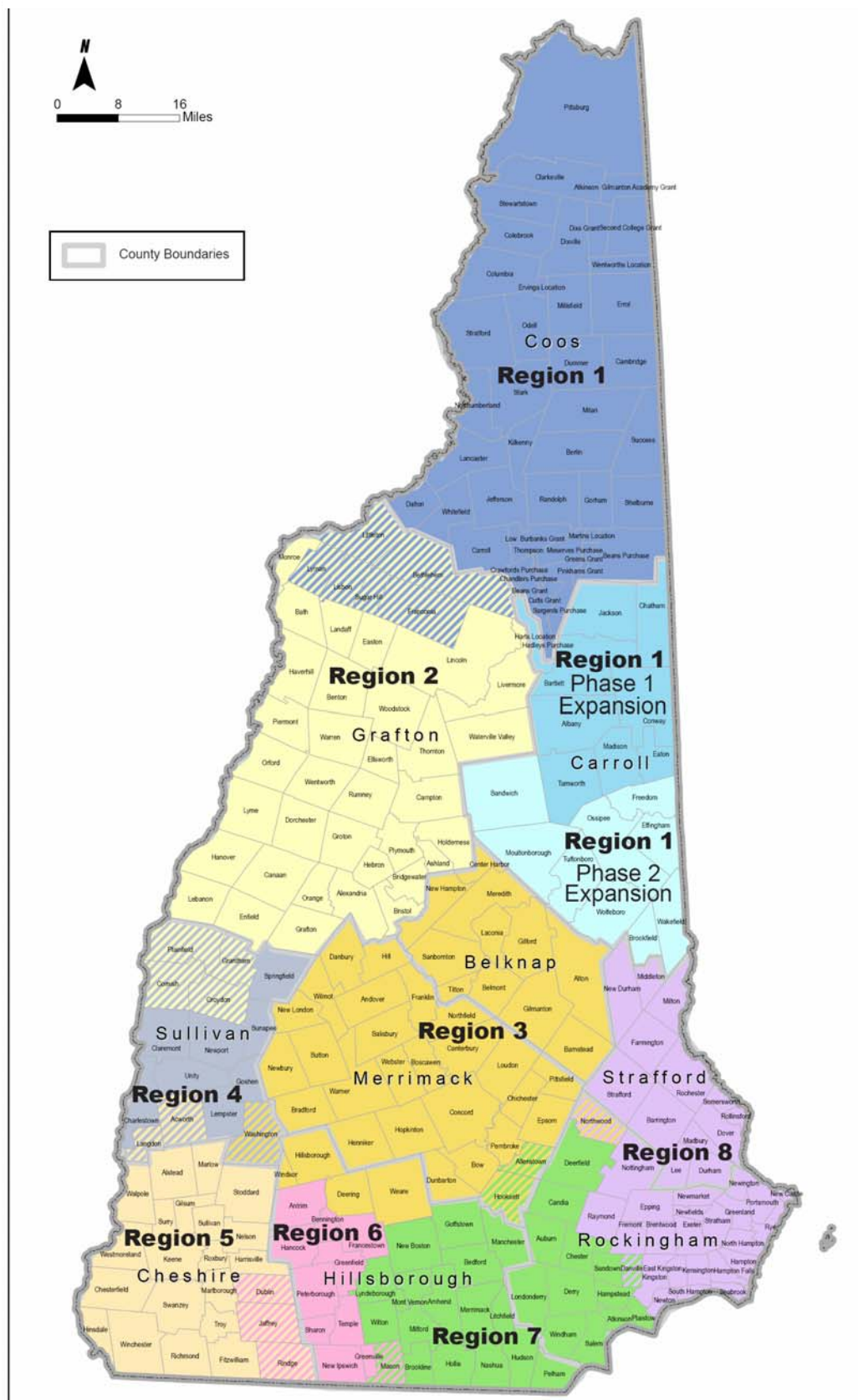
Southwest Region Planning Commission (SWRPC) covers the 36 municipalities in southwestern New Hampshire. SWRPC covers all of Cheshire County, the Town of Langdon in Sullivan County and the towns of Windsor, Antrim, Hancock, Bennington, Francestown, Greenfield, Peterborough, Sharon, Temple, New Ipswich, Greenville, Mason in Hillsborough County. As seen in Figure 2, the SWRPC region covers all of RCC region 5, and most of 6. SWRPC is responsible for preparing coordinated transportation plans for the Region, and as such, it has been responsible for contracting with NH DOT for the development of this Coordinated Public Transit and Human Services Transportation Plan.

While SWRPC is not a Transportation Provider or a Service Group, it does facilitate regional coordination efforts and conducts an extensive work program for NH DOT for the purpose of supporting the regional transportation system. SWRPC is a regional resource for transportation data, analysis, facilitation, and other professional services. SWRPC will continue to support the coordination and expansion of transportation services in the future.

⁸ Ibid, p. 2-4.

⁹ Ibid, p. 4-11.

Figure 2 – RCC Regions



IV. Assessment of Transportation Services Demand and Supply in the Southwest Region

Assessing the demand for transportation services in Southwest New Hampshire requires the assembly of various information sources. Demographic information from federal and state agencies can be analyzed to determine population trends, and with the use of GIS software concentrations of target populations can be located. However, the most useful information regarding transportation services demand is provided by Service Groups and Transportation Providers. Due to the rural nature of the Region, clearly pinpointing where target populations are located is a difficult task. Using this composite methodology, an overall demographic and geographic need can be assessed and compared to existing transportation services.

Demographic Trends

Today, the Southwest Region has an estimated population of 103,941 people in an area roughly 1,000 square miles in size. The average population density is about 100 people per square mile. The low density and rural character of the area make it difficult to successfully operate transit services. There are no interstates or rail systems in the Region, and the majority of people live in detached single family homes. Table 2 below shows the Region's population center is the Keene-Swanzey area with nearly 30% of the overall population. Keene has a high concentration of jobs and services for the Region, and is therefore a frequent destination of trips. A secondary but growing population area is the Contoocook Valley, which encompass the eastern section of the Region. The larger population centers of the Contoocook Valley include the towns of Peterborough, Jaffrey, New Ipswich, and Rindge.

Table 2 - Population Estimates

<u>Municipality</u>	<u>2005 OEP* Estimate</u>
Alstead	1,995
Antrim	2,604
Bennington	1,500
Chesterfield	3,771
Dublin	1,545
Fitzwilliam	2,275
Francestown	1,581
Gilsum	810
Greenfield	1,774
Greenville	2,268
Hancock	1,818
Harrisville	1,106
Hinsdale	4,267
Jaffrey	5,755
Keene	23,023
Langdon	616
Marlborough	2,102
Marlow	783

<u>Municipality</u>	<u>2005 OEP* Estimate</u>
Mason	1,307
Nelson	656
New Ipswich	4,945
Peterborough	6,134
Richmond	1,146
Rindge	6,130
Roxbury	242
Sharon	383
Stoddard	992
Sullivan	785
Surry	739
Swanzey	7,229
Temple	1,518
Troy	2,021
Walpole	3,703
Westmoreland	1,865
Winchester	4,314
Windsor	239
Region Total	103,941

*NH Office of Energy and Planning

The population information for the Region was broken down by cohorts (age groups and gender) for data available from the 2000 Census and from projections for the year 2025.¹⁰ These cohorts were then charted into population pyramids shown in Figures 3 and 4 to show how future trends will affect demand for transportation services. These population trends will ultimately dictate what demands will be placed on our transportation system.

A comparison of the population pyramids shows the following projected changes in population:

1. 19 and under - This cohort makes up 28% of our current population. In 20 years, this cohort will increase in size by about 1,500 to almost 28,000, while decreasing to 22% of the larger population. This group has special transportation needs such as sidewalks, bike facilities, and safe routes to school as well as transit. These needs will continue to be an important aspect of a balanced transportation system
2. 20 to 39 - Currently this cohort is approximately 25,000 people (25% of the population) and may be accounted for by the many college students in the Region. Over the next 20 years this group will be impacted by migration in and out of the state as individuals and families search for jobs and homes. This cohort will see little growth in the next 20 years, from 25,000 to about 29,000 or 24% of the 2025 population. The main transportation characteristics of this cohort will continue to be single-user auto-oriented.
3. 40 to 64 - This cohort is currently the largest population in the Region with 33,000 persons or 33% of the population. Over the next 20 years, this group will grow by about 3,000 persons but decline to 29% of the overall population. Growth in this cohort is due to migration and natural aging of the existing population, with most of the growth seen in the upper age level. This cohort will continue to rely on personal vehicles for transportation while also becoming more reliant on transportation services for daily mobility needs.
4. 65 and over - This group is currently the smallest cohort with 13,000 persons (about 13% of the population). In 20 years, this cohort will more than double in number (132% growth) to about 30,500 or 25% of the overall population, as more people retire to the Region and as the population ages. This single factor will mean an unprecedented increase in demand for more assistance in day-to-day mobility and services.

These demographic changes will precipitate a change in the characteristics of demand on the transportation services system. An older population will require more public assistance in getting to appointments and shopping. This task will be made difficult by the rural and low density characteristics of the Region and the shortage of transportation services available. Table 3 below shows how these trends compared to past population growth.

Table 3 - Historic Population Trends

Age Group	1970	2000	2025	% Change 1970-2000	% Change 2000-2025
0-17	22,131	24,470	28,000	9.2%	14.4%
18-64	36,919	61,193	65,000	65.7%	6.2%
65+	7,239	13,169	30,500	81.9%	131.6%

¹⁰ Population forecast provided by Office of Energy and Planning.

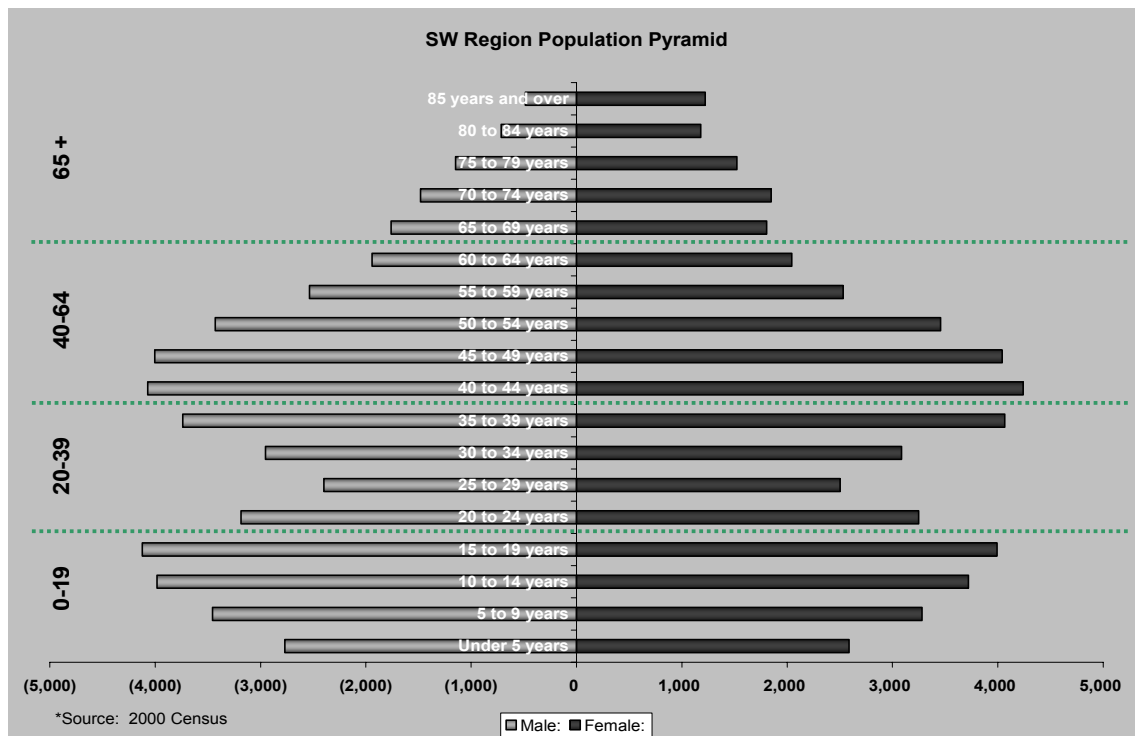


Figure 3 – Population for Southwest Region (2000 Census)

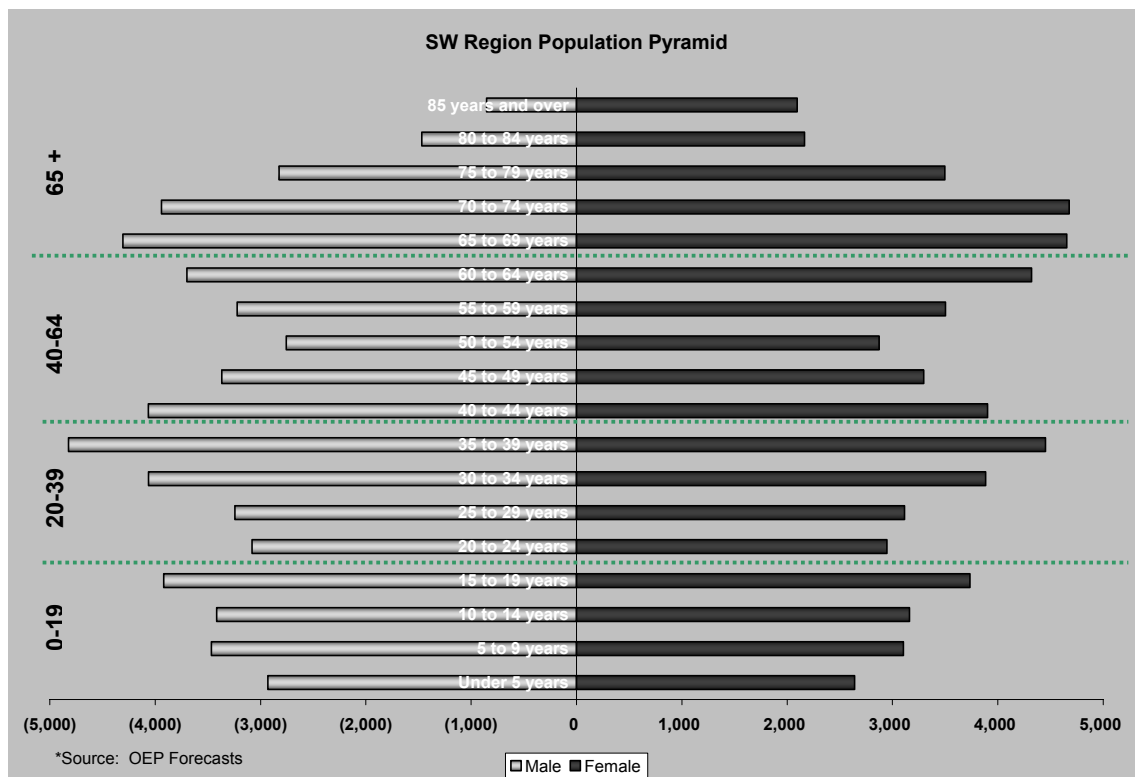


Figure 4 - Projected 2025 Population for Southwest Region

GIS Analysis

Age and income demographics from the 2000 Census were analyzed to determine areas of transit dependent population concentrations. The results of this analysis are shown in the enclosed map *Likely Areas of Public Transit Needs*. This map depicts demographic information at the block level, which are the smallest Census geographical area. It is important to note that due to the varying population densities of our towns, blocks in rural areas cover a larger area than blocks in urban areas, and therefore may not capture all individuals needing transportation services. In addition to the Census data, the locations and number of assisted housing units are included in the map. While all towns have some transit-dependant populations, the following three areas show the greatest need for transportation services:

1. The highest concentrations of low income persons and number of assisted housing units occur in the City of Keene. This population is serviced by the City Express, the Region's only fixed route transit and paratransit system. Keene also has the largest population in the Region and serves as the center for employment, commerce, and services in Southwest New Hampshire.
2. The Town of Winchester has the second highest concentration of low income and assisted housing units (there have been additional developments since the 2000 data became available). Winchester is the 7th largest town in the Region with a total population of 4,314. Expanding transportation services from Keene to Winchester along the NH Route 10 corridor could result in meaningful benefits, especially since this route could also serve assisted living housing developments in West Swanzey.
3. Similarly, new transportation services linking the Towns of Jaffrey and Peterborough along the US 202 corridor could be feasible. These towns have a combined population of 11,889 with concentrations of elderly and low income populations and several assisted living housing units located near their downtowns. These towns also have many retail, social, and medical services as well as job opportunities. Service could also be expanded along the US 202 corridor north to Antrim and south to Rindge.

Service Groups Needs

The Southwestern Region of New Hampshire has over 180 government agencies, programs, non-profits, church groups, community groups, and other entities organized towards the purpose of serving those residents in need of assistance.¹¹ These Service Groups provide support that includes family planning, education, vocational training, health, rehabilitation, housing assistance, elder care, and care for those with disabilities.

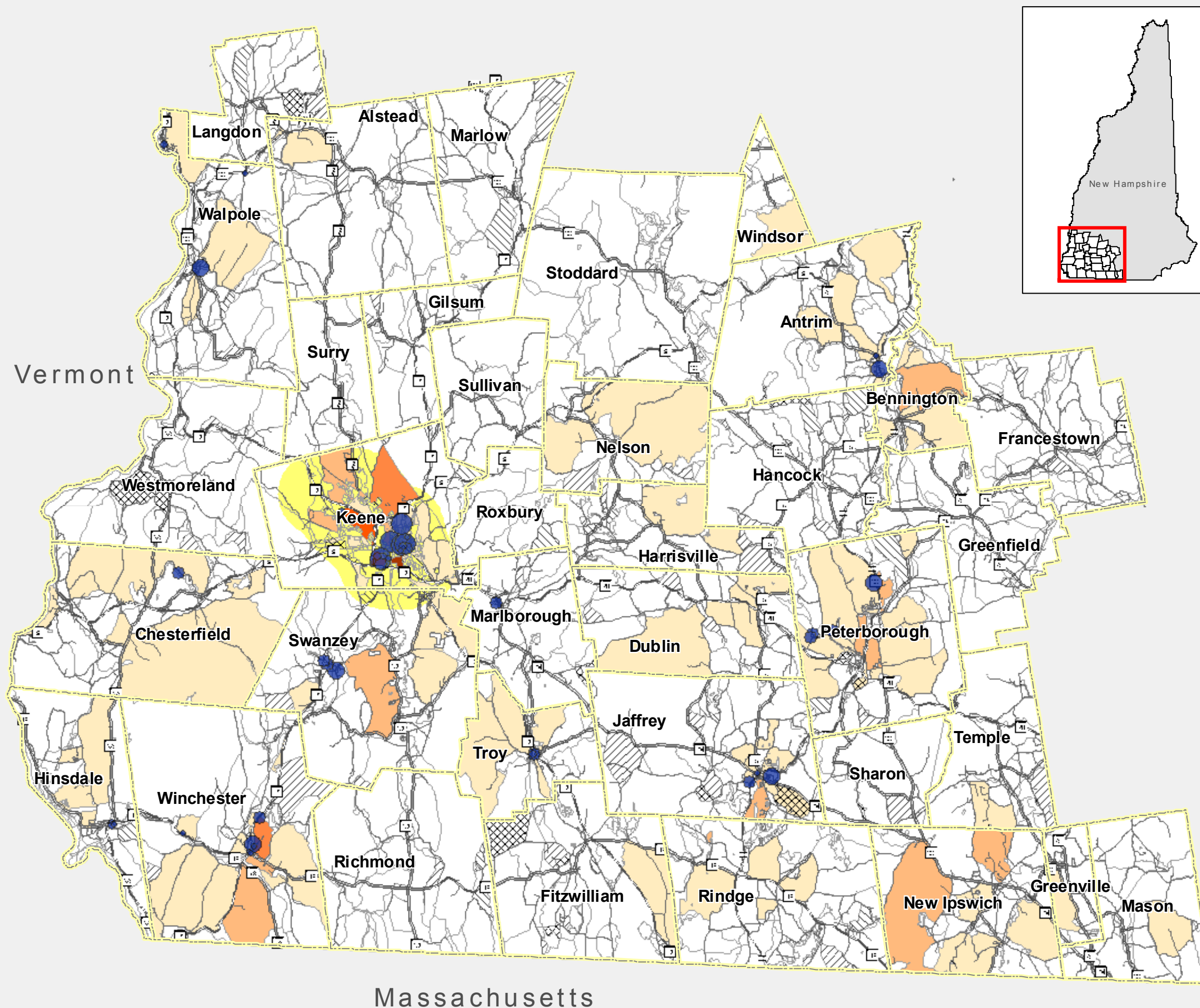
These Service Groups have extensive geographic coverage of the Southwest Region, and while not every resident in the Region needing transportation assistance will be a client of a Service Group, it can be assumed that there is some overlap in coverage. It is for this reason that Service Groups are a vital partner in the coordination of transportation. Their clientele use transportation services to reach support services and everyday activities and opportunities.

In 2003, Southwest Community Services, Inc. (SCS) and Monadnock United Way (MUW) conducted a community assessment of the Region to identify the critical needs of the community. Transportation ranked second in the MUW service area (congruent with the SWRPC service

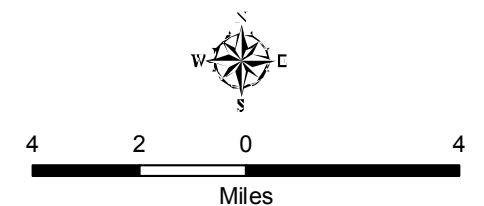
¹¹ Monadnock United Way, <http://www.muw.org/ssguide/ViewAllAgencies.asp>

Southwest Region Coordinated Transportation Plan

Likely Areas of Public Transit Needs



* All Data Shown is from 2000



area), behind only affordable housing, as the most important human services need in the Monadnock Region.

“Lack of transportation also appears to be a significant barrier to effective service delivery. Fifty percent of community leaders state that a lack of transportation keeps residents from using existing services. Nearly 50% of leaders report that transportation to human service agencies and overall transportation is inadequate. Human service professionals echo these concerns. Transportation falls [...] second on their frequency distribution of compelling needs in the MUW service area. Additionally, about 50% of the agencies [...] do not provide transportation to their service locations. Human service professionals describe some common obstacles to providing transportation, which include a lack of funds to purchase/insure vehicles, liability issues, and a shortage of staff to drive the vehicles. Results of the Head Start Survey further support expanding transportation services. When asked, “What new services would you like to see added to SCS Head Start?” the only response with any frequency is transportation”¹²

It is important to note, that in a follow-up survey of 189 community leaders, transportation services were ranked 3rd behind housing and childcare as a need being poorly met. However, this same survey showed that only 11 respondents thought it was the most compelling need not being met, far behind affordable housing with 117 votes.¹³ Transportation was the most cited barrier to access of services with 25% of leaders saying it is a very serious impediment and another 25% citing it is a serious impediment.

This community assessment study is both current and relevant. MUW, with its close affiliations with many of these Service Groups, and SCS as one of the largest providers of services in the Region, have done an excellent job of tabulating needs. In addition to the MUW/SCS report, input from Service Groups participating in this project was sought through discussions at meetings and a survey. The following groups provided feedback on their clients’ transportation needs:

1. The Grapevine Family and Community Services Center serves the Hillsborough County towns of Antrim, Hancock, Bennington, and Frankestown with parent-child programs, family support, community services, resources, and activities. It is located at 4 Aiken St. in Antrim. The Grapevine does not provide structured transportation services, but they do try to make sure their clients’ needs are met through providing ‘as-needed’ rides with staff or volunteers. The Grapevine serves an estimated 1,570 clients a year, but does not keep track of their transportation needs. This organization does feel that there is a need for more community transportation services in their area, such as rural transit or demand response that is not limited by funding sources.

2. Frankestown Neighbors is a community group in Frankestown that aids residents to age in place. They are currently looking into alternatives for transportation services in their area and have been very involved in the Transportation for Everyone Initiative. They see a real need for community transportation services in their town.

3. The Keene Housing Authority serves low income clients throughout Cheshire County with housing assistance, education/training, nutrition, and social/recreational opportunities. KHA is

¹² Community Assessment 2003, Keene State College Community Research Center, p. vi.
<http://www.muw.org/CommunityConnections/NeedsAssessments.pdf>

¹³ *ibid*, p. 58.

located in Keene with additional properties in Swanzey and Winchester. KHA does not provide transportation services and does not keep track of clients' transportation needs.

4. Southwest Community Services, Inc. (SCS) is the largest Service Group in the Region, serving more than 4,000 clients a year with adult day care, child care, housing, education, job training, head start programs, and Women, Infant and Children (WIC) program support. They also are active in developing senior housing. SCS does not keep track of the transportation needs of their clients, but approximately 100 of them are wheelchair bound and need special transportation assistance. SCS does provide some statewide and out of state transportation services on an as-needed-basis using staff and agency cars. About 250 trips were provided last year. SCS feels that more transportation services would be better, and that the high cost of vehicle ownership is the major obstacle to improving transportation services.

5. The River Center is a collaborative group of agencies housed in Peterborough. They provide services including mental health, counseling, employment counseling, access to food stamps/welfare, fuel assistance, transitional shelter, and home delivered meals. They serve most of the Contoocook Valley towns. The River Center does not keep track of transportation needs of their clients, nor do they provide transportation services. They do feel that additional transportation services are needed.

6. Under One Roof Project is a part of the River Center, and is a project currently looking to create/expand transportation services for all people in the Contoocook Valley. The Transportation for Everyone initiative is working in conjunction with the University of NH Institute on Disability to create a system of community transportation in the area. They feel transportation needs are unmet, and that more transit/demand response service which is not exclusively for 'clients' of Service Groups is needed.

7. Working Futures serves low income residents of Cheshire and western Hillsborough Counties with educational, vocational, and volunteer training opportunities. The main offices are located in Keene and serve about 100 clients a year. Working Futures does not provide transportation services, but they estimate 30% of their clients need it. They see a need for reliable transportation as a key to successfully employing clients, and feel there is a need for more services to low income housing in Keene, Swanzey and Winchester. They also see a need for transportation services geared towards getting children to daycare and for transporting people from outlying communities into Keene.

8. Monadnock Community Hospital serves all residents in the Contoocook Valley region with physical and mental health and educational opportunities. The hospital does not keep track of the transportation needs of their clients, nor do they provide transportation services. The hospital does feel there is a need for additional transportation services in the area in order for patients to access health wellness programs and classes, in addition to being able to get to doctor's appointments.

Transportation Providers Assessment

As part of this project, Transportation Providers were asked to fill out an inventory of their service characteristics and to help us understand which areas of the Region have unmet demand. The inventory survey, included as Appendix B, was developed from the *Toolkit for Rural Community Coordinated Transportation Services (RCRP Report 101)* produced by the Transit Cooperative Research Program. The following information was gathered from the five Transportation Providers that answered our surveys.

1. The American Red Cross - NH West Chapter provides a Rural Rides program in Antrim/Bennington, Hancock, Dublin, Greenfield, Jaffrey, Peterborough, Rindge and surrounding areas. They provide approximately 7,000 demand response trips a year. They serve about 2,000 clients who are dependant on transportation assistance to medical appointments with free transportation using 65 volunteers. They see a need for additional transportation services in Hinsdale and Winchester, and long distance service to the Dartmouth-Hitchcock Medical Center in Lebanon, NH as well as Boston and other central New England areas.

2. Home Healthcare, Hospice and Community Services (HCS) currently operates the only fixed-route transit system in the Region, as well as paratransit service and flexible route system for the elderly and handicapped. HCS also coordinates transportation with the Red Cross and the Wyman Way Cooperative. Their transportation service area covers most of the City of Keene and some northern sections of the Town of Swanzey. They see a need for additional transportation services in the rural areas. They also see additional need for services to Swanzey, Marlborough, Winchester, Troy, and Hinsdale. Particular destinations needing more service include medical facilities, specifically rehabilitation and dialysis centers, and community dining rooms in Troy and Hinsdale.

3. The Monadnock Adult Care Center (MACC) is a full service day care for seniors in the 16 towns of the Contoocook Valley. It is run by Monadnock Family Services (MFS) at a facility co-located with the Monadnock Community Hospital in Peterborough. MACC has two 16 passenger vans used to provide transportation to and from clients' homes to the adult care center. MACC also provides transportation to activities, shopping, and entertainment. MACC is currently able to meet the transportation needs of all of their clients.

4. Monadnock Developmental Services (MDS) serves over 1,000 disabled citizens in Cheshire County, as well as some of Sullivan and Hillsborough Counties with adult day care, employment support, behavior management, education/training, and transportation. MDS is designated by the NH Department of Health and Humans Services-Bureau of Developmental Services (DHHS-BDS) as the service agency for Region V. Over 70% of MDS clients require transportation assistance. MDS also provides transportation to Keene High School students who are developmentally disabled. They see a need for more accessible vehicles for demand response service and for more rural transportation services for jobs, medical, and social trips. Specific areas of need identified by MDS include the areas surrounding Keene and Peterborough.

5. The Town of Antrim has recently started operating a community van that serves the needs of the citizens of Antrim and neighboring towns of Bennington and Hillsborough. The van is used for shopping trips to neighboring retail centers and trips to community events for the elderly population as well as for the everyday needs of the after school programs. The Town of Antrim sees a need for continued coordination and services.

Appendix D has a complete tabulation of service characteristics of the five Transportation Providers as inventoried using the questionnaire shown in Appendix B. SCS is also included in this tabulation since they provide some transportation on a case-by-case basis.

There are additional Transportation Providers in the Region who were not captured in this study. These providers tend to be smaller organization with specific missions such as church groups, community groups, senior centers, and other groups providing shuttle-type services. The Community Assessment 2003 Study was referenced to find additional groups who may provide some transportation services. All known transportation providers are summarized in Table 4.

Table 4 – Summary of Transportation Providers

<u>Organization</u>	<u>Service Type</u>	<u>Transportation Service Area</u>	<u>Target Population</u>	<u>Vehicles</u>
HCS	Transit, Paratransit, Demand Response	Fixed route transit system in City of Keene, paratransit within ¾ mi. radius	Transit- all, Paratrans-disabled, Demand Resp. - elderly/disabled.	7 buses, 2 trucks, 1 Van
MDS	Demand Response	Southwest Region	Developmentally disabled	26 vehicles/ Wheelchair vans
MFS Adult Care	Demand Response	Contoocook Valley	Elderly	2 – 16 passenger vans
Red Cross	Demand Response	Southwest Region	Elderly – NEMT	2 cars, 2 minivans
SCS	As needed	Southwest Region	Unknown	3-4 late model cars
Antrim Community Bus	Community Bus	Antrim and surrounding towns	All	1- 14 passenger van
Service Groups providing Transportation on a Case by Case Basis (from <i>Community Assessment 2003</i>)				
<u>Organization</u>	<u>Service Type</u>	<u>Service Area</u>	<u>Target Population</u>	<u>Vehicles</u>
DHHS – Keene	As needed	Southwest Region	Foster Care	Unknown
Family Center of Greater Peterborough	As needed	Contoocook Valley	Families	Unknown
Granite State Independent Living	As needed	All of NH	Unknown	Unknown
Granite State Monarchs	As needed	Mental Health Region 5	Developmental challenged	Unknown
Keene Day Care Center	As needed	Monadnock Region	School age children	Unknown
Keene Family YMCS	As needed	Greater Keene	For Childcare	Unknown
Keene Senior Center	As needed	Cheshire County	Elderly	Unknown
Lutheran Community Services	As needed	Cheshire County	Unknown	Unknown
Monadnock Worksource	As needed	Contoocook Valley	Vocational	Unknown
Phoenix House	As needed	Greater Keene	Substance Abuse Rehab	Unknown
Residential Resources	As needed	Southern Cheshire County	Unknown	Unknown
RSVP/Monadnock Volunteer Center	As needed	Southwest Region	Unknown	Unknown
St. Vincent DePaul Society – Greenville	As needed	Mason, Greenville, N. Ipswich, Temple	Unknown	Unknown
Tobias Community	As needed	Temple	Elderly/disabled	Unknown
Women’s Crisis Center	As needed	Greater Keene	Women	Unknown
WIC – SCS	As needed	Cheshire and Sullivan Co.	Women w/Infants	Unknown

Conclusions

It is evident from the data analysis as well as from the testimony of Service Groups and Transportation Providers that there exists a need for additional transportation services in the Southwest Region. This need is both for expansion in capacity and service area. There is also a strong need for transportation services that are accessible to all residents, not just those that are clients of existing programs.

All Transportation Providers support coordination efforts. The Red Cross, HCS, and Wyman Way are already coordinating efforts. MDS has also been expanding their service to Keene High School. Overall, the group of Transportation Providers participating in this planning effort worked well with each other and appeared to have a good working relationship..

The following items have been specifically identified as needs through this planning process:

- Shortage of transportation services are the major impediment preventing people to access the many services available in the Region. This need will only grow as our population ages and become more dependent on transportation services.
- Expansion of demand response and transit services is needed to bring low income and the elderly from Winchester, Swanzey, Hinsdale, and Marlborough into Keene. These services need to be provided using accessible vehicles.
- Expansion of demand response and new transit services is needed in the Contoocook Valley, especially Peterborough.
- There is a strong need for community transportation services in the rural areas, especially the Contoocook Valley, Troy, Hinsdale, and Frankestown. These services should be geared to transport any resident from their homes to community meals, shopping, and local activities regardless of program criteria. Community transportation services should also serve as feeder services into existing and future transit services in Keene and the Contoocook Valley.
- Inter-regional and long distance transportation services are needed to link Peterborough and Keene, and to transport clients to hospitals in Lebanon, Manchester, and Boston.
- Service Groups need to start capturing data regarding their clients' transportation needs. This data will be indispensable in continued transportation service planning efforts.
- Service Groups need to accommodate their clients' transportation needs by coordinating with Transportation Providers.
- There is an ongoing need for more volunteer drivers, funding for vehicles, and insurance coverage.

V. Community Coordination Action Plan

Creating an action plan for coordinating transportation services is the main focus of this planning effort. A series of three meetings were held during the course of this study and all of the organizations listed in the acknowledgements were invited to attend and participate. These meetings were facilitated by SWRPC staff, and focused on identifying and prioritizing actionable steps that would lead towards coordination of transportation services in the Southwest Region.

The United We Ride program, described on page 4, published a planning guide titled *The Coordinated Public Transit and Human Service Transportation Plan Self Assessment Tool for Communities* (see Appendix C). This self-assessment tool is the recommended method for aiding communities in identifying areas of improvement in the following core elements of a coordinated transportation system:

- Vision and Commitment
- Community Needs and Moving Forward
- Servicing the Community
- Transportation Financing
- Transportation Efficiency

The self-assessment tool questionnaire was distributed to all participants during the first meeting. A total of eight participants, mostly Transportation Providers and larger Service Groups, filled out the questionnaire and returned them to SWRPC. At the second meeting, the scores were tabulated to identify which coordination elements needed the most attention. Once identified, action steps were developed to address those needs. The compilation of this group discussion was then circulated via email to all participants for additional feedback. At the third and final meeting, the action steps were categorized and prioritized to form the following action plan. Action items have been categorized into three aspects: Advancement of Transportation Services, Creating a Structural Framework for Coordination, and Service Planning.

1. Advancement of Transportation Services

The overall concept of providing transportation services to a target population needs to be introduced and advanced to the public, community leaders, and our state elected officials. Continued support and funding is essential to the success of Transportation Providers. The following actions should be ongoing.

- a) Create a vision of coordinated transportation services in the Region

The following vision statement was crafted and agreed upon by the participants of this planning process. This vision statement should be used to guide the ongoing coordination efforts.

“Coordinated transportation services benefit our region by providing all members of the community equal access to services and opportunities such as housing, jobs, shopping, health care, participation in civic duties and recreation. Transportation services are an integral part of the community infrastructure, which should be supplied in a cost effective and environmentally friendly manner.”

b) Gather support for ongoing transportation services coordination

Support from community and state leaders is essential for the ongoing success of transportation services coordination. Community leaders and stakeholders must be kept apprised of the issue and shown the benefits to the community. Service Groups must also be an integral part of the coordination effort and the promotion of that effort. Community leaders and Service Group representatives should therefore be involved in any future meetings, and especially in the regional summits described in item 2.a below.

c) Improve marketing campaigns

A one-stop source for information on transportation services in the Region needs to be created to promote the services available. This source of information could be a pamphlet or website that shows all existing transportation services and human services providers. A similar pamphlet/map has already been created by HCS for their City Express routes. A regional effort should include the United Way and the RCC once formed.

d) Develop new funding sources and continue to develop existing funding streams

Additional funds will be needed in order to meet the growing demand for transportation services. Alternative sources of funds, especially at the local level, should also be sought and developed. The RCC, community groups, and community leaders must be involved in this ongoing item.

e) Continue funding of existing Transportation Service Providers

Existing Transportation Providers should continue to receive funds from state and federal programs.

2. Creating a Structural Framework for Coordination

The coordination framework for Transportation Providers will, to a large extent, be dictated by the State level coordination plan and subsequent structure that it will develop. This structure, described in Section III of this plan, will provide the framework for funding and purchasing transportation services. Under this structure, the SCC is to set up the RCC which in turn selects a Regional Transportation Coordinator (RTC) for each of the regions shown on page 9.

a) Create a governing framework and guidelines for ongoing coordination

A Regional Coordinating Council (RCC) should be established in Regions 5 and 6. The role of the RCC should be to concentrate on advocacy for and support to transportation providers, since oversight and accountability are already well established by the respective organizations and funding sources. The RCC should aid in establishing and coordinating more funding streams and organizing other providers such as churches, nursing homes and community providers of transportation. The RCC should be made up of Service Groups, funders, transportation users, and community leaders who have a functional understanding of the system.

The regional stakeholders should participate in the regional summits organized by the SCC which will be taking place between 2007 and 2009. The stakeholders should then form the RCCs by signing MOUs and creating bylaws. The RCC will then choose an RTC to provide the coordination infrastructure.

b) Centralize dispatch and support systems

A centralized dispatching system could provide benefits to clients by providing one source for transportation services requests. Communication between the RTC and agencies does not seem to be a significant challenge, as long as 24 hour notice is given. The RCC, Transportation Providers and RTC should work together in setting guidelines and procedures for dispatching services.

c) Centralize systems for billing services and tracking data across financial programs

One of the roles of the RTC will be to centralize all billing and data tracking systems among local Transportation Providers and state funding agencies. Significant guidance from the State will be needed on this issue. Possible partners in this task include the RTC, RCC, Transportation Service Providers, and the NHTA.

d) Implement technologies and policies which make coordination seamless for the consumer

The RTC and Transportation Providers should create an integrated public transportation system, which functions seamlessly. Fare payments and transfer of riders must be a simple transaction for both users and operators of the system. The whole system must be mutually supportive and integrated. Possible partners in this task include the RCC, RTC, and Transportation Providers.

e) Create central data gathering to track transit performance and cost.

This central role is one of the main reasons for the formation of a Regional Transportation Coordinator (RTC). The State and RTC should work together on addressing these financial data and service issues.

3. Service Planning

It is likely that service planning will be the responsibility of the RCC. For this reason, membership of this entity as described in item 2.a should include Transportation Providers, transportation users, community leaders, and Service Group representatives. Service planning will be an ongoing effort in order to continually provide the best service possible.

a) Create a strategic plan which involves users and providers

The planning process used in the creation of this document is a good start to strategic planning. More detailed plans, including routing, ridership goals, financial goals, and coordination measures will need to be undertaken. The RCC will be responsible for this action.

b) Better document the needs of various target populations

Assessing and understanding the needs of the customer is imperative to providing adequate service. All Service Groups, especially medical facilities, need to understand and document their clients' transportation needs and work to accommodate them. Coordination and communication, between Service Groups and Transportation Providers, should occur in order to create an efficient means of servicing the customer. The importance of transportation services must be emphasized to Service Groups and the overall community.

c) Identify and address gaps and duplication in service

Using the information gathered in this document and from ongoing RCC planning efforts, gaps and duplications in service should be identified and addressed on an ongoing basis. Barriers to coordination, such as funding guidelines that frequently prevent transportation providers from extending services even within their own niche, should be addressed. The issues of funding and continuity also need to be addressed.

d) Collocate facilities for target populations to maximize transit efficiency

A concerted effort is needed to coordinate physical development, to concentrate housing and human services in a manner that is easily serviced by the existing transportation system. Collocating services and opportunities can achieve efficiency in the delivery of both human and transportation services. The RCC, community leaders, and especially Service Groups need to understand the consequences of locating services outside of established transportation areas.

4. Timeline of Action Items

The following chart serves to depict the overall relationship of action items over the next two years. Item 1.a has already been accomplished, and the rest of the action items under Category 1 have been started and need to be ongoing. Category 2, creating the coordination structure, requires formation of the RCC, which is dependant on the state authorizing the formation of the SCC and providing federal and state seed funding to the regions. Category 3 action items have been initialized through this planning process and should continue once the RCC is organized. Respective Service Groups could initiate item 3.b prior to formation of the RCC.

Table 5 – Implementation Timeline

	1.a	1.b	1.c	1.d	1.e	2.a	2.b	2.c	2.d	2.e	3.a	3.b	3.c	3.d
2006	Done													
2007		O	O	O	O									
		n	n	n	n									
		g	g	g	g	Form						O		
2008		o	o	o	o	RCC						n		
		i	i	i	i							g		
		n	n	n	n		↓	↓	↓	↓	↓	o	↓	↓
2009		g	g	g	g		Action Items dependent on formation of the RCC					i		
												n		
												g		

The public participation part of this Coordinated Plan process has generated a lot of positive discourse and energy among the participants who wish to proceed forward with coordination efforts. This enthusiasm should be harnessed through continued coordination efforts. The participants believe that providing a coordinated transportation system is a worthy and achievable goal. The first steps have already been taken through this planning effort and positive momentum should be carried forward through continued efforts at the community and state levels.

Appendix A – Executive Order

For Immediate Release
Office of the Press Secretary
February 24, 2004

Executive Order: Human Service Transportation Coordination

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged, it is hereby ordered as follows:

Section 1. This order is issued consistent with the following findings and principles:

(a) A strong America depends on citizens who are productive and who actively participate in the life of their communities.

(b) Transportation plays a critical role in providing access to employment, medical and health care, education, and other community services and amenities. The importance of this role is underscored by the variety of transportation programs that have been created in conjunction with health and human service programs, and by the significant Federal investment in accessible public transportation systems throughout the Nation.

(c) These transportation resources, however, are often difficult for citizens to understand and access, and are more costly than necessary due to inconsistent and unnecessary Federal and State program rules and restrictions.

(d) A broad range of Federal program funding allows for the purchase or provision of transportation services and resources for persons who are transportation-disadvantaged. Yet, in too many communities, these services and resources are fragmented, unused, or altogether unavailable.

(e) Federally assisted community transportation services should be seamless, comprehensive, and accessible to those who rely on them for their lives and livelihoods. For persons with mobility limitations related to advanced age, persons with disabilities, and persons struggling for self-sufficiency, transportation within and between our communities should be as available and affordable as possible.

(f) The development, implementation, and maintenance of responsive, comprehensive, coordinated community transportation systems is essential for persons with disabilities, persons with low incomes, and older adults who rely on such transportation to fully participate in their communities.

Sec. 2. Definitions.

(a) As used in this order, the term "agency" means an executive department or agency of the Federal Government.

(b) For the purposes of this order, persons who are transportation-disadvantaged are persons who qualify for Federally conducted or Federally assisted transportation-related programs or services due to disability, income, or advanced age.

Sec. 3. Establishment of the Interagency Transportation Coordinating Council on Access and Mobility.

(a) There is hereby established, within the Department of Transportation for administrative purposes, the "Interagency Transportation Coordinating Council on Access and Mobility" ("Interagency Transportation Coordinating Council" or "Council"). The membership of the Interagency Transportation Coordinating Council shall consist of:

(i) the Secretaries of Transportation, Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, and the Interior, the Attorney General, and the Commissioner of Social Security; and

(ii) such other Federal officials as the Chairperson of the Council may designate.

(b) The Secretary of Transportation, or the Secretary's designee, shall serve as the Chairperson of the Council. The Chairperson shall convene and preside at meetings of the Council, determine its agenda, direct its work, and, as appropriate to particular subject matters, establish and direct subgroups of the Council, which shall consist exclusively of the Council's members.

(c) A member of the Council may designate any person who is part of the member's agency and who is an officer appointed by the President or a full-time employee serving in a position with pay equal to or greater than the minimum rate payable for GS-15 of the General Schedule to perform functions of the Council or its subgroups on the member's behalf.

Sec 4. Functions of the Interagency Transportation Coordinating Council. The Interagency Transportation Coordinating Council shall:

(a) promote interagency cooperation and the establishment of appropriate mechanisms to minimize duplication and overlap of Federal programs and services so that transportation-disadvantaged persons have access to more transportation services;

(b) facilitate access to the most appropriate, cost-effective transportation services within existing resources;

(c) encourage enhanced customer access to the variety of transportation and resources available;

(d) formulate and implement administrative, policy, and procedural mechanisms that enhance transportation services at all levels; and

(e) develop and implement a method for monitoring progress on achieving the goals of this order.

Sec. 5. Report. In performing its functions, the Interagency Transportation Coordinating Council shall present to me a report not later than 1 calendar year from the date of this order. The report shall:

(a) Identify those Federal, State, Tribal and local laws, regulations, procedures, and actions that have proven to be most useful and appropriate in coordinating transportation services for the targeted populations;

(b) Identify substantive and procedural requirements of transportation-related Federal laws and regulations that are duplicative or restrict the laws' and regulations' most efficient operation;

(c) Describe the results achieved, on an agency and program basis, in:

(i) simplifying access to transportation services for persons with disabilities, persons with low income, and older adults;

(ii) providing the most appropriate, cost-effective transportation services within existing resources; and

(iii) reducing duplication to make funds available for more services to more such persons;

(d) Provide recommendations to simplify and coordinate applicable substantive, procedural, and administrative requirements; and

(e) Provide any other recommendations that would, in the judgment of the Council, advance the principles set forth in section 1 of this order.

Sec. 6. General.

(a) Agencies shall assist the Interagency Transportation Coordinating Council and provide information to the Council consistent with applicable law as may be necessary to carry out its functions. To the extent permitted by law, and as permitted by available agency resources, the Department of Transportation shall provide funding and administrative support for the Council.

(b) Nothing in this order shall be construed to impair or otherwise affect the functions of the Director of the Office of Management and Budget relating to budget, administrative, or legislative proposals.

(c) This order is intended only to improve the internal management of the executive branch and is not intended to, and does not, create any right or benefit, sub-stantive or procedural, enforceable at law or in equity by a party against the United States, its departments, agencies, instrumentalities or entities, its officers or employees, or any other person.

GEORGE W. BUSH
THE WHITE HOUSE,
February 24, 2004.

Appendix B – Inventory Questionnaire

Coordinated Public Transit and Human Service Transportation Plan Inventory Tool for Communities

SURVEY OF TRANSPORTATION SERVICES

Agency Name _____
Abbreviation or Acronym _____ Date Survey Completed _____
Contact Person _____ Title _____
Mailing Address _____ Telephone (____) _____
_____ Fax Machine (____) _____
Street Address (if different) _____

A. AGENCY INFORMATION

This section requests information about your organization and the type of services provided to your clients.

1. Which of the following best describes your agency?

____ Private, non-profit ____ Private, for-profit ____ Public ____ Other: _____

2. Which services does your agency provide? (please check all that apply)

____ Adult Day Care	____ Congregate Nutrition	____ Head Start
____ Job Placement	____ Mental Health	____ Religious
____ Senior Center	____ Transportation	____ Home-Delivered Meals
____ Child Day Care	____ Counseling	____ Residential Care
____ Medicaid	____ Recreational/Social	____ Other: _____
____ Sheltered Employment	____ Volunteer Opportunities	_____
____ Chore Services	____ Education/Training	_____
____ Medical/Dental	____ Rehabilitation	
____ Supported Employment	____ Welfare/Food Stamps	

Please attach a brochure or description of services you provide to your clients.

3. Does your agency have eligibility requirements for clients? ____ yes ____ no

If YES, please check all that apply: ____ Age—please specify: _____
____ Disability—please specify: _____
____ Income—please specify: _____
____ Other—please specify: _____

4. What geographic area do you serve? the entire county of: _____
the entire city of: _____
____ other—please specify: _____

5. How many clients (unduplicated) does your agency serve in a year? _____

6. What are your agency program hours? _____ to _____. Days per week: _____
Do you provide services year round? ____ yes ____ no If NO, what months? _____

7. Do you provide services to clients at more than one location? ____ yes ____ no If YES, please list the towns (other than your mailing address) in which your other sites are located:

B. OVERVIEW OF CLIENT TRANSPORTATION NEEDS AND AVAILABLE SERVICES

This section examines the variety of ways clients access your agency's programs and the adequacy of available services.

8. How do clients get to your center/site? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Drive themselves | <input type="checkbox"/> Volunteers bring them |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Consolidated agency transportation system |
| <input type="checkbox"/> Ride with family or friends | <input type="checkbox"/> Staff bring them |
| <input type="checkbox"/> Car pool with other clients | <input type="checkbox"/> They live in a group home and are transported on the group home's vehicle |
| <input type="checkbox"/> Agency operates vehicles | |
| <input type="checkbox"/> Public transportation system | |
| <input type="checkbox"/> Another agency transports them—please specify: _____ | |
| Other—please specify: _____ | |

9. How many of your clients are unable to drive themselves or do not have a car available and thus are dependent upon some sort of transportation assistance? _____

Is the transportation needed generally available to these clients to the extent that they can have full access to the services your agency provides? ☐ yes ☐ no

10. How many of your clients must use a wheelchair and need a specially equipped vehicle (such as a lift-equipped van with wheelchair tie-downs)? _____

Are you able to meet the agency-related transportation needs of your wheelchair-using clients? ☐ yes ☐ no If NO, please indicate to what extent their needs are met.

11. How many of your clients need some other specialized transportation assistance or equipment(such as an escort or infant car seats)? _____ Please describe these needs in detail.

12. To what activities do you provide, purchase, or reimburse for client transportation? (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Job Placement | <input type="checkbox"/> Social Services | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Counseling | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Child Day Care | <input type="checkbox"/> Recreational/ Social | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> Supported Employment | |
| <input type="checkbox"/> Sheltered Employment | <input type="checkbox"/> Education/Training | |
| <input type="checkbox"/> Congregate Nutrition | <input type="checkbox"/> Rehabilitation | |

If your agency provides, purchases, or reimburses for client transportation, please continue on the next page. If you provide no transportation services or assistance, please turn to page 9, Future Transportation Options.

C. AGENCY-OPERATED TRANSPORTATION

If your agency operates its own vehicles to transport clients, please complete this section. If you do not operate vehicles to transport clients, please skip to Section D (page 5).

13. What types of transportation services do you provide? (Please check all that apply)

☐ Demand-responsive service: origins, destinations, and schedules vary according to service request; no specific routes or schedules.

☐ Subscription service: routes and schedules are tailored to regular riders and are adjusted as riders leave or new riders join the route.

☐ Route or Point Deviation service: schedule of major stops is fixed; route varies according to specific requests for service.

☐ Fixed route transit: routes, stops, and schedules do not vary; traditional bus service.

☐ "Charter"-type service: group transportation for special events.

☐ Other — please describe:

14. With whom do clients schedule demand-responsive or subscription transportation services?

☐ Dispatcher/Scheduler

☐ Manager

☐ Other —please

☐ Driver

☐ Secretary/

specify:

☐ Caseworker

☐ Receptionist

15. How far in advance must clients request demand-responsive service?

16. How does the dispatcher/manager contact drivers?

☐ Trip sheets/written directions

☐ Pager and call in

☐ Mobile radio

☐ Car phone

____ Other — please specify: _____

17. Who operates the vehicles? (please check all that apply)

____ Full-time drivers—how many? _____

____ Part-time drivers—how many? _____

____ Volunteer—how many? _____

____ Full-time staff with other primary job functions—how many? _____

What is their primary job function? _____

18. Do your drivers receive any sort of formalized driver training program? ____ yes ____ no

If YES, please describe (include course name, who provides training, length of training, certification, etc): _____

19. Please list all vehicles you now operate. For each, specify vehicle ID number, current mileage, miles driven during the last 12 months, and your assessment of the vehicle's current condition.

20. Please indicate how each of these vehicles is used. Include information on route origins and destinations, trip purpose, one-way trip lengths, usual numbers of riders per day, and hours per day operated.

21. Where are your agency's vehicles maintained?

____ at a private garage, repair shop, or dealership

____ by a governmental agency—please specify: _____

____ in-house—please describe: _____

22. If you provide demand-responsive service, what are the geographic limits of this service?

What are the hours of availability of this service? ____ to _____. Days per week: _____

23. How many **one way** passenger trips did your agency provide during the past fiscal year?

_____ Is this an estimate? ____ yes ____ no

Note: a one way passenger trip means each time a person boards and then alights from a vehicle is counted as one trip. Return trips are counted as a second trip.

24. How many vehicle miles of service did your agency provide during the past fiscal year?

Is this an estimate? ____ yes ____ no

25. How many vehicle hours of service did your agency provide during the past fiscal year?

Is this an estimate? _____ yes _____ no

26. Does your agency charge fares or request contributions for transportation? _____ yes _____ no

If YES, which? _____ fare—please specify the amount: _____

_____ contributions—what is the suggested contribution? _____

27. Do you place restrictions on who is eligible to use your transportation services? _____ yes _____ no

If YES, please explain: _____

28. Do you currently transport clients of any other agencies or organizations? ____ yes ____ no

If YES, please provide the number of one-way passenger trips provided in the past fiscal year, the billing rate and basis, and the total charge for the past fiscal year for each agency or organization.

Organization Name, Contact Person,	Telephone Number One-Way Passenger	Trips Unit Charge (\$ per mile, \$ per pass.)	Total Charge for the Past Fiscal Year
<i>example: Sheltered Workshop</i>	<i>250</i>	<i>\$1.15 per trip</i>	<i>\$287.50</i>

D. REIMBURSEMENT OF STAFF/VOLUNTEERS

29. Does your agency reimburse staff or volunteers to transport clients using personal vehicles?

____ Staff ____ Volunteers ____ Neither—please go to Section E (page 5)

30. What is your reimbursement rate? \$_____ per mile

31. How many miles of client transportation did you reimburse during the past fiscal year?

32. What was the total amount spent on staff/volunteer reimbursement for client transportation during the past fiscal year? \$_____

33. On the average, how many staff hours per week are spent transporting clients in personal vehicles? _____

34. How many one-way passenger trips were provided in this manner during the past fiscal year?

(please estimate if necessary) _____

E. REIMBURSEMENT OF CLIENTS

35. Does your agency reimburse clients for providing their own transportation?

____ yes ____ no If NO, please go to Section F (page 8).

36. What is your client reimbursement rate? \$_____ per mile

37. How many miles of self-provided transportation did you reimburse in the last fiscal year?

38. What was the total amount spent on client reimbursement during the past fiscal year?
\$_____

F. PURCHASE OF SERVICE FROM ANOTHER ORGANIZATION

39. Does your agency purchase client transportation from another organization? ____ yes ____ no
If YES, please complete the table below. If NO, please go to Section G.

Name of organization from which service is purchased	Type of organization (taxi, transit, etc.)	Contact Person & Phone #	Description of services purchased	Unit cost (per mile, hour, or trip)	Total cost during past fiscal year	Total one way trips during past FY
<i>Joe's Cab</i>	<i>taxi</i>	<i>Joe Smith 888-3333</i>	<i>demand-responsive</i>	<i>\$1.00/mile</i>	<i>\$5,350</i>	<i>800</i>

40. What was the total amount spent on purchase of transportation services from other operators during the past fiscal year? \$_____

G. COSTS TO PROVIDE CLIENT TRANSPORTATION

This section identifies the costs involved in transporting clients or reimbursing for their transportation.

41. What is your fiscal year? _____ to _____

For which year is the data on this survey reported? ____ 2004-05 ____ 05-66 (budget) ____

Other—please specify: _____

42. What were your agency's administrative outlays and expenditures during the past fiscal year for transporting clients?

Please apportion salaries and other expenses attributable to transportation.

For example, if your bookkeeper spends one day per week on transportation tasks, list 20 percent of his/her salary and fringe.

<u>Administrative and Indirect Expenses</u>	<u>Dollar Cost</u>
1. Director's salary	\$ _____
2. Director's fringe benefits	\$ _____
3. Secretarial salary	\$ _____
4. Secretarial fringe	\$ _____
5. Bookkeeper's salary	\$ _____
6. Bookkeeper's fringe	\$ _____
7. Office supplies, materials, rent, telephone, and utilities	\$ _____
8. Administrative travel	\$ _____
9. Non-vehicle casualty and liability costs	\$ _____
10. Other—please specify: _____	\$ _____
Administrative Expenses Total	\$ _____

43. What were your operating expenditures for transporting clients in the past fiscal year? If fulltime staff function as drivers part time, please apportion their salaries accordingly and list under drivers' salaries.

<u>Operating Expenses</u>	<u>Dollar Cost</u>
1. Drivers' salaries	\$ _____
2. Drivers' fringe benefits	\$ _____
3. Dispatchers' salaries	\$ _____
4. Dispatchers' fringe	\$ _____
5. Fuel and oil	\$ _____
6. Maintenance and repairs	\$ _____
7. Tires, parts, materials and supplies	\$ _____
8. Titles, fees, and licenses	\$ _____
9. Taxes	\$ _____
10. Vehicle and equipment leases and rentals	\$ _____
11. Vehicle insurance	\$ _____
12. Staff and volunteer mileage reimbursements (same as question 32)	\$ _____
13. Client reimbursement (same as question 38)	\$ _____
14. Purchased transportation (same as question 40)	\$ _____
15. Other—please specify: _____	\$ _____
Operating Expenses Total	\$ _____

44. What was the total of your administrative (question 42) and operating (question 43) expenses for the past fiscal year? \$ _____

45. What are the funding sources for the expenses identified in 42 and 43?

Please identify the major sources of funds for your agency's transportation services and the amount contributed by each in the past fiscal year. If transportation is funded out of various agency programs, please list those programs and estimate the approximate amount attributable to client transportation in each.

Assistance Program

**Amount of Funding Used
for Client Transportation**
(excluding capital purchases)

Federal/State:	Adult Developmental Activities Program	\$ _____
	Community Services Block Grant	\$ _____
	Day Care	\$ _____
	Head Start	\$ _____
	Job Training Partnership Act (JTPA)	\$ _____
	Mental Health/Mental Retardation	\$ _____
	Section 5310	\$ _____
	Section 5311	\$ _____
	TANF	\$ _____
	Title III B	\$ _____
	Title XIX (Medicaid)	\$ _____
	Title XX (Social Services Block Grant)	\$ _____
	Vocational Rehabilitation	\$ _____
	Smart Start	\$ _____
	JOBS	\$ _____
	Other—please specify: _____	\$ _____
	Other—please specify: _____	\$ _____
	Other—please specify: _____	\$ _____
	Total Federal/State Funds	\$ _____
Local:	City/Town—please specify: _____	\$ _____
	County	\$ _____
	Another County—please specify	\$ _____
	Client Fees	\$ _____
	Contracted Service—please specify each major contract:	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Donations/Contributions	\$ _____
	Fares	\$ _____
	United Way	\$ _____
	Workshop Revenue	\$ _____
	Other—please specify: _____	\$ _____
	Other—please specify: _____	\$ _____
	Total Local Funds	\$ _____

46. Total Funding for Client Transportation (should be equal to or greater than the amount in question 44): \$ _____

H. FUTURE TRANSPORTATION OPTIONS

47. Are you having any problems with your current method of getting clients to your site or service?

____ yes ____ no If YES, please explain: _____

48. Do you feel that additional transportation services, beyond those now available, are needed in order for your clients to have full access to the services your agency provides?

____ yes ____ no
If YES, please describe: _____

49. Do you have a waiting list for clients because these individuals have no way to get to your services?

____ yes ____ no If YES, how many? _____

50. Are there geographic areas, in or out of the Region, in which you would like to see more client transportation services operated? ____ yes ____ no
If YES, which areas/communities?

51. Are there activities or destinations which need more transportation services? ____ yes ____ no

If YES, what are they and where are they located? _____

52. What plans do you have during the next five years to expand (or reduce) agency programs or services? What impacts will these changes have on your client transportation needs?

53. Is there duplication of transportation services in your service area? ____ yes ____ no

If YES, please describe the agencies involved, and the areas and times when duplication exists.

54. Would you like to see more coordination of client transportation among the various agencies in the Region?

____ yes ____ no

If YES, please indicate the agencies which you would like to see involved: _____

55. What is the most important thing that could be done to improve transportation services for your clients?

56. What, if any, are the major obstacles or concerns you think should be addressed in attempting to improve client transportation services?

57. If you are receiving funds from either Smart Start or JOBS, please indicate how the funds are being utilized below.

58. Please add any comments you may have in the space below

Thank you very much for your time and thoughtfulness. We greatly appreciate your assistance. The input you provided is very important. Please return the survey to SWRPC

If you need assistance in completing this survey, please Nicolás Bosonetto or Natalie Shafiroff at 357-0557 or through email at nbosonetto@swrpc.org or nshafiroff@swrpc.org.

Appendix C – Self Assessment

Coordinated Public Transit and Human Service Transportation Plan Self Assessment Tool for Communities

The self-assessment tool focuses on a series of core elements that are represented in categories of simple diagnostic questions to help groups in communities assess their progress toward transportation coordination based on standards of excellence. Please use the progress ratings to answer each of the following questions and add any written comments that you may feel are necessary to support your rating. The rating is as follows:

- 1 – Needs to Begin
- 2 – Needs Significant Action
- 3 – Needs Action
- 4 – Done Well

Vision and Commitment

1. Have leaders and organizations defined the need for change and articulated a new vision of the delivery of coordinated transportation services?

1 2 3 4

2. Is a governing framework in place that brings together providers, agencies and consumers? Are there clear guidelines that all embrace?

1 2 3 4

3. Does the governing framework cover the entire community and maintain strong relationships with neighboring communities and state agencies?

1 2 3 4

continues on next page . . .

4. Is there sustained support for coordinated transportation planning among elected officials, agency administrators and other community leaders?

1 2 3 4

5. Is there positive momentum? Is there growing interest and commitment to coordinating human service transportation trips and maximizing resources?

1 2 3 4

Overall rating of Vision and Commitment in the Southwest Region:

1 2 3 4

Community Needs and Moving Forward

6. Is there any inventory of community transportation resources and programs that fund transportation services?

1 2 3 4

7. Is there a process for identifying duplication of services, underused assets, and service gaps?

1 2 3 4

continues on next page . . .

8. Are the specific transportation needs of various target populations well documented?

1 2 3 4

9. Has the use of technology in the transportation system been assessed to determine whether investment in transportation technology may improve services and/or reduce costs?

1 2 3 4

10. Are transportation line items included in the annual budgets for all human service programs that provide transportation services?

1 2 3 4

11. Have transportation users and other stakeholders participated in the community transportation assessment process?

1 2 3 4

12. Is there a strategic plan with a clear mission and goals? Are the assessment results used to develop a set of realistic actions that improve coordination?

1 2 3 4

continues on next page . . .

13. Is clear data systematically gathered on core performance issues such as cost per delivered trip, ridership, and on-time performance? Is the data systematically analyzed to determine how costs can be lowered and performance improved?

1 2 3 4

14. Is the local plan for human services transportation coordination linked to and supported by other state and local plans such as the Regional Transportation Plan or State Transportation Improvement Plan?

1 2 3 4

15. Is data being collected on the benefits of coordination? Are the results communicated strategically?

1 2 3 4

Overall rating of Community Needs and Moving Forward in the Southwest Region:

1 2 3 4

Servicing the Community

16. Does the transportation system have an array of user-friendly and accessible information sources?

1 2 3 4

continues on next page . . .

17. Are travel training and consumer education programs available on an ongoing basis?

1 2 3 4

18. Is there a seamless payment system that supports user-friendly services and promotes customer choice of the most cost-effective service?

1 2 3 4

19. Are customer ideas and concerns gathered at each stop of the coordination process? Is customer satisfaction data collected regularly?

1 2 3 4

20. Are marketing and communications programs used to build awareness and encourage greater use of the services?

1 2 3 4

Overall rating of Servicing the Community in the Southwest Region:

1 2 3 4

continues on next page . . .

Transportation Financing

21. Is there a strategy for systematic tracking of financial data across programs?

1 2 3 4

22. Is there an automated billing system in place that supports the seamless payment system and other contracting mechanisms?

1 2 3 4

Overall rating of Transportation Financials in the Southwest Region:

1 2 3 4

Transportation Efficiency

23. Has an arrangement among diverse transportation providers been created to offer flexible services that are seamless to customers?

1 2 3 4

24. Are support services coordinated to lower costs and ease management burdens?

1 2 3 4

25. Is there a centralized dispatch system to handle requests for transportation services from agencies and individuals?

[illegible]

Appendix D – Inventory of Transportation Providers

Coordinated Human Services and Public Transportation Plan

Inventory of Transportation Providers

<u>Transportation Providers</u>	<u>Type of Organization</u>	<u>Service Area</u>	<u>Type of Trans Service</u>	<u>Type of routes</u>
HCS	Hospice Health Care	Southwest Region	Operate Transit, Paratransit, and Demand Response in Keene	Fixed Route, Demand Response by Subscription, Paratransit
MDS	Disabled Day Care & Services	Southwest Region	Demand Response - subscription service.	Demand Response by Subscription
MFS	Elderly Day Care & Activities	13-16 Towns in Contoocook Valley	Pick up clients at 7:30 am and bring them to center, return them home at 3:00. Run activities in between	Demand Response by Subscription
SCS	Housing and Support Services	Cheshire/Sullivan County	Limited Demand Response using staff vehicles on a case by case basis.	On-call Demand Response
Red Cross	Volunteer Rural Rides Program	Southwest Region	Demand Response - volunteer drivers	On-call Demand Response, 24 hour notice
Antrim	Town operated Community Bus, providing transportation to town activities	Antrim, Bennington, Hillsborough	Community Transportation - Town provided van for activities	Reserve van 2 days in advance
Totals	6 Agencies	Southwest Region		

Coordinated Human Services and Public Transportation Plan

Inventory of Transportation Providers

<u>Transportation Providers</u>	<u>Clients</u>	<u>Trans dependents</u>	<u>Transport to other agencies</u>	<u>Trans provided by other agencies</u>	<u>Type of dispatch</u>
HCS	3,000	500	Red Cross/Wyman Way many other agencies	no	Dispatch
MDS	1,000	700	Y - Keene High School (100 trips @\$2.60)	Yes - Unk	Cellphone, 24 hr notice
MFS	unk	40	Y - Monadnock Hospital	N	Manager sets routes, gives written directions to drivers
SCS	4,000	100 wheelchair, not able to transport them	No	Yes - Unk	Phone
Red Cross	2,000	2,000	Coordinate w/HCS	No	Phone/Cell Phone
Antrim	new service	unknown	No	No	At Park & Rec Office
Totals	7,000	3,340			

Coordinated Human Services and Public Transportation Plan

Inventory of Transportation Providers

<u>Transportation Providers</u>	<u>Vehicles</u>	<u>Staff</u>	<u>Training</u>	<u>Maintenance</u>	<u>Funding</u>	<u>Charge Fares</u>
HCS	7 Ford 250/350/450 buses, 2 trucks, 1 cargo van for meals on wheels	7 FT, 2 Admin	PAT, deensive driving, other DOT	Private Garage	5311, Title III, Title XIX (medicaid), City, KSC	\$1/trip, \$2 paratransit
MDS	26 vehicles/Wheelchair vans	2 FT, 4 PT	PAT, deensive driving	Private Garage	Medicaid, Mental Health	No
MFS	2 - 16 passenger vans (+2 wheelchair spaces), new vehicles w/lifts.	1 FT, 2 PT Drivers 1 FT admin	DOT training	Private Garage	5310 DOT grant for Vans. Some United Way and parent agency funding for operating expenses.	Yes
SCS	3 to 4 late model cars	3-4 other staff	Defensive Driving	Private Garage	Agency	No
Red Cross	2 cars and 2 minivans	65 volunteer drivers	None	Private Garage	13% Donations, 87% United Way	No, donations accepted
Antrim	1- 14 passenger Ford AeroStar van	5 Volunteer drivers	Local Government Center Course	Private Garage	Unk	No, donations accepted
Totals	7 buses, 29 vans, 2 mini vans, and 8+ cars	11 FT, 12 PT, 70 Volunteers				

Coordinated Human Services and Public Transportation Plan

Inventory of Transportation Providers

<u>Transportation Providers</u>	<u>Staff Reimburse ments</u>	<u>Operation</u>	<u>Administrative</u>	<u>Ave. Monthly Miles</u>	<u>Ave. Monthly Rides</u>	<u>Problems</u>	<u>Add. Services</u>	<u>Waiting Lists</u>
HCS	No	\$ 583,081	<----	10,122	3655	Y- Adult day care, service in rural areas	Y - Community transportation	No
MDS	Yes (400,000 miles)	\$ 283,969	\$ 4,631	13,000	1166	Y- Not enough vehicles	Y - Rural trips to jobs/medical	No
MFS	Yes	\$ 53,776	\$ 31,128	3,180	729	No	No	No
SCS	Yes	Unk	Unk	Unk	Unk	No	Maybe	No
Red Cross	Yes	\$ -	\$ 28,075	900+	583	No	No	No
Antrim	Yes	New service	New Service	New Service	Unk	Unk	Y- Rural areas	No
Totals		\$ 920,826	\$ 63,834	27,202	6,133			

Coordinated Human Services and Public Transportation Plan

Inventory of Transportation Providers

<u>Transportation Providers</u>	<u>Underserved areas</u>	<u>Destinations</u>	<u>Plans</u>	<u>Duplicati on</u>	<u>More Coordinat ion</u>	<u>Most important improvement</u>	<u>major obstacle</u>
HCS	Swansey, Marlboro, Winchester, Hindsdale	Medical, dialysis, community dining rooms in troy/hins	Need more elderly trans	Y- Red Cross	Y	Funding,	Remove obstacles
MDS	Around Keene and Peterboro	Jobs /Medical	school transportat ioi	No	yes	Promote and coordinate	Funding
MFS	Lyndeboro, Wilton, Harrisville	No	Expand center	No	y/ none to coordinate with	Fuel assistance	distance
SCS	No	No	Unk	Unk	Yes	Lower gas prices	High cost of fuel, insurance, repairs
Red Cross	Winchester, Hindsdale	Hospitals in Boston, Lebanon	None	Yes	Yes	Keep it simple	More Volunteers needed
Antrim	Rural areas	Rural areas	Unk	No	Yes	Unk	Unk
Totals							